

**Durham Workforce Investment Area  
WIA Adult/DW Exit Request**

**Customer Name:**

**1. Program**

Check **all** the programs for which this customer is enrolled in the Workforce Plus System:

# ☐ Adult ☐ Dislocated Worker (DW) ☐ Youth

**2. Last Service**

Date of **last** service:

Select the **last** service/activity provided to the customer:  ▼

**3. Outcome**

Check **all** the outcomes you are recommending for this customer and for which you have entered appropriate

☐ Entered Unsubsidized Employment ☐ Obtained Credential ☐ Excluded ☐ Negative Outcome

▼

▼

▼

**4. Employment**

If participant entered employment, provide the following information:

Employer:  Job Title:

Pay Rate:  /per hour Hours/week:  Start Date:

Employer has been identified to be included in the state customer satisfaction survey:  ▼

Likelihood of retention in employment:  ▼

**5. Self-Sufficiency**

Complete worksheet to determine self-sufficiency:

**Dislocated Worker (DW)**

Current wages:  /Quarter

Wages 1st Qtr pre-registration:  /Qtr

Outcome:

**Adult**

Current wages:  /Quarter

Wages 1st Qtr pre-registration:  /Qtr

Outcome:

3 Month Income (for Family of #):  ▼

☒ This customer has met DWDB approved criteria for self-sufficiency (based on family estimation for adults; based on 80% of previous wage for DW).

☐ This customer does not meet self-sufficiency requirements, but no additional services are planned and self-sufficiency earnings are not expected because:

**Case Manager's Name:**

**Date:**

**Supervisor' Name:**

**Date:**

**FOR ADMINISTRATIVE USE ONLY:**

Received On:

SS #

Data Verified in Workforce Plus on:

**WIA Exit Date:**

Received Training ☐ Yes ☐ No

Received Credential ☐ Yes ☐ No

Entered Employment ☐ Yes ☐ No

**Youth**

☐ HSD/GED ☐ in HS

☐ College ☐ Military

☐ Adv. Tng. ☐ Apprenticeship